

reducing it. But we also know we have a solemn obligation to those seniors on Medicare. They paid into it all their lives. They are counting on it. And they are counting on us.

The Democratic Party has been there for Medicare from its creation. We are not going to let seniors down. We are going to provide for them the basic care promised, and we hope more. I think, with a modest effort, we could close the doughnut hole in the prescription drug program under Medicare, and we should. That was something that never made any sense and creates a real disadvantage for seniors on limited income. I think we should close that. I also think preventive care for seniors makes sense—regular physical checkups, things that can enhance their lives and let them live independently as long as they want to and can, with our help.

I will tell you, this debate will continue. Now it gets into the part where the bill comes to the floor within the next week or so. We will entertain amendments from both sides. I hope, from the other side of the aisle, we have more than criticism. If they would step up and say: Here is our plan, it would be a much better debate. But so far they have not. They have decided to step to the sidelines and be critical of the game that is being played. That is their right to do under this democratic form of government, but it is a question of credibility.

If they are defending the status quo, if they want to continue with what we have in America, if they want to ignore the escalation in the cost of health care for businesses and individuals, families and governments, if they want to ignore the fact that 40 million Americans do not have health insurance, that 14,000 will lose their health insurance today, if they want to ignore the reality of all these people without insurance and the abuses heaped on them by health insurance companies for those who have insurance, then, frankly, that is not a constructive position in this debate.

We need to work together. We have tried to work together. We have invited the Republicans to come join us in this effort. But, unfortunately, they have taken the side of the insurance companies. They have taken the side of the status quo. They have not joined us.

I do not want to put people's insurance at risk by allowing insurance companies to continue to drop insurance when people need it the most. I do not think we should be in a position where we allow this to continue.

I hope, as part of health care reform, we can make a significant effort to change this, to bring real change to America. I am glad President Obama is leading us that way. I think together we can reach that goal. I know a lot of people are confused across this country trying to understand exactly what is going on in this debate. But a lot of people in good faith are trying to solve one of the biggest problems we have

ever faced. I hope my friends on the Republican side of the aisle will do more than criticize. I hope they will join us in an effort to make a difference.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Tennessee is recognized.

HEALTH CARE REFORM

Mr. ALEXANDER. Mr. President, it is always a privilege to hear the assistant Democratic leader, who is one of the most skillful orators in the Senate. In this case, he needs to be because he is put in the awkward position of having to defend, as I heard him, 1,000-page bills and Medicare cuts, which is an awkward place for the assistant Democratic leader to be.

As far as the Republican plan, he has heard our plan many times. We want to reduce costs. Instead of 1,000-page bills and changing the whole system and adding to the debt and cutting Medicare and raising premiums for millions of Americans, we would like to say our goal is to reduce costs—costs to you when you buy your health insurance and the cost of your government. We would like to go step by step in the right direction, which we say is reducing costs and re-earning the trust of the American people, and then we can take some more steps. We have offered a number of proposals to do that, none of which have been seriously considered.

For example, small businesses should be able to pool their resources the way big businesses can. If they could, they could afford to offer insurance—it has been estimated by the Congressional Budget Office—to millions more Americans. We should make a serious effort to eliminate junk lawsuits against doctors, which everyone agrees adds costs to the insurance premiums we buy and to the cost of health care.

We could allow Americans to purchase insurance across State lines. We could create health insurance exchanges so if you are buying an individual policy, you could buy that more easily. We can go across party lines to encourage the use of more technology. Almost all Republicans and I imagine some Democrats would like to change the incentives behind health spending, so we take the money we are using to subsidize health insurance now and spread it more equitably among all the people and allow them to buy more of their own insurance.

Those are five or six steps we could take in the direction of cutting costs. Instead, what we are presented with is, yes, another 1,000-page bill. We have some questions about the bill because it appears—we know it will cut your Medicare, and I want to go back to that in a moment—half the bill will be paid for by Medicare cuts. Forty million seniors depend on Medicare. Are we going to cut grandma's Medicare? We are not even going to spend it on grandma. We are going to spend it on a

new program, at a time when the trustees of the Medicare Program have told us Medicare is going to go broke between 2015 and 2017. We are going to raise your taxes.

That is what the bill coming toward us would be. We are going to make it hard for your States to support colleges and education or raise your State taxes because we are sending the bill to them for a large Medicaid expansion. For millions of Americans, we are going to increase your premiums. We are going to make it more expensive for you to buy the same kind of policy you already have because the government is going to tell you exactly what kind of policy you should have. We are going to increase your Federal debt because the plan, as we hear about it, does not have any provision for paying doctors serving Medicare more over the next 10 years—which we always do—so that is another \$285 billion on your debt, just if we pay doctors 10 years from now what we pay them today for the government-run programs. We are going to spend another \$1 trillion. And, yes, it is a 1,000-page bill.

So what we are saying is, we have had before this Senate for a long time a number of proposals we could use to reduce your cost when you buy health insurance and reduce the cost of your Federal Government, which is going broke because of health care expenses, but they are not being seriously considered. So we are saying, at least if you are going to come up with these 1,000-page bills to change our entire system, we want to read it and we want to know what it costs. Even the President has said we cannot add one dime to the deficit. How can we know we are not adding one dime to the deficit if we cannot read the bill and we do not know what it costs?

Senator BUNNING of Kentucky brought up that in the Finance Committee the other day, and the Democrats voted it down. They said you cannot even put the bill up for 72 hours—this 1,000-page bill—so we can find out if it cuts your Medicare, if it raises your taxes, if it bankrupts your State, if it increases your premium, if it increases the Federal debt. We cannot even find that out. They said: No, not even 72 hours.

Well, some Democratic Senators have taken a look at that and said—the Democrats who voted that down; and every vote against the 72-hour provision was a Democratic vote—they said: We do not agree with that. Eight Democrats have written Senator REID, and they said: The legislative text and the complete Congressional Budget Office scores of the health care legislation, as amended, should be made available to the public for 72 hours prior to the vote on the final passage of the bill in the Senate. Further, the legislative text of all amendments filed and offered for debate should be posted on a public Web site prior to beginning debate on the amendment on the Senate floor. The conference report ought to be as well.

I think what that means, in plain English, is that once the Finance Committee bill—which is not a bill now; it is just concepts—goes into Majority Leader REID's office, and he puts it together with the HELP Committee bill, which will be turned into legislative text, we would like for that to be on the Internet for 72 hours so we in the Senate and our staffs and the American people can read it.

Second, we want to make sure the Congressional Budget Office has a chance to read the entire bill so some staff member does not change it in the middle of the night, as they apparently did with the HELP Committee bill, and we can know exactly how much each of the provisions cost, and then we can start voting, then we can offer our amendments. As the Republican leader was saying today, some of our amendments are going to have to do with Medicare, the program that 40 million seniors depend on.

Let's be clear about this. Some things are facts. Half the bill is going to be paid for by Medicare cuts. Half the bill is going to be paid for by Medicare cuts. You can call them anything you want to, but they are Medicare cuts.

The second thing about it is, it may be grandma's Medicare we are cutting, but we are going to spend it on somebody other than grandma. We are going to take that money out of the Medicare Program, which is a \$38 trillion unfunded liability and which the trustees say is going to go broke in 2017 and which 40 million Americans depend on, and we are going to take those savings and we are not going to spend it to make Medicare stronger; we are going to spend grandma's Medicare benefits on somebody else. We are going to cut her benefits and spend it on you. Does that make sense? We don't think so. We don't think so. We don't think we should be paying for this new \$1 trillion bill by writing a check, as the Senator from Kansas has said, on an overdrawn bank account and buying a new car, which is what that turns out to be.

The Republican leader talked about what the cuts are to Medicare Advantage: \$140 million. One-fourth of seniors on Medicare have Medicare Advantage accounts. Cuts include \$150 billion for hospitals that care for seniors; \$40 billion, home health agencies; \$8 billion, hospices—all from Medicare to be spent on something else.

The President said people who are currently signed up for Medicare Advantage are going to have Medicare at the same level of benefits. Well, we want to read the bill and know what it costs because that is not what the Congressional Budget Office Director said. He testified that seniors under Medicare Advantage would have benefits that disappear under the bill that is coming out of the Finance Committee. He said those changes would reduce extra benefits such as dental, vision, and hearing coverage that currently are made available to beneficiaries.

We want to read the bill. We want to know what it costs. We want to know why we are cutting Medicare by \$1/2 trillion—that is the first question—and the second question is, Why are we spending that money on something else when it ought to be spent on making Medicare stronger? The bill has \$1/2 trillion in savings from Medicare. At least they could take that money and use it toward the money we pay to physicians. I mentioned it a little earlier, but every year physicians say: The government-run program of Medicare only pays us 80 percent of what private insurance plans pay us, and you are about to cut that. So we almost always, on a bipartisan basis, put it back up. That is not in the bill. We don't even include that. We don't take that into account. So that is going to add to the debt.

Then there are other questions we have in addition to the Medicare cuts. What about the elegantly called "doc fix" that will add to the debt? It is the Medicaid Program. To some people, that may get a little confusing. Medicare is for seniors. Medicaid is the program that usually has a different name in most States. It is a program that started years ago, and the Federal Government pays 40, 45 percent of it and the States pay the rest. It has been going straight to the Moon. According to the New York Times, costs are rising in Medicaid this year at record rates—7.9 percent.

I know as a former Governor, here is what really happens. You sit there making up your budgets, and you do the part for prisons and you do the part for kindergarten through the 12th grade and the part for highways and the part for State parks, and then the rest of the money is usually split between higher education and Medicaid. Guess what is happening. Medicaid goes up and higher education doesn't get the money. Then what happens? College tuition goes up because colleges such as the University of Tennessee and Texas and New Mexico and Colorado are underfunded today primarily because of increasing Medicaid costs.

What this bill does is dump a lot more low-income Americans into that Medicaid Program and send a lot of the bill to the States. The Governor of Tennessee, a Democrat, said in the morning paper that it is going to cost us \$735 million at least—maybe over \$1 billion—over the next 5 years. Tennessee can't afford that. Tennessee is a conservative, well-managed State. Governor Schwarzenegger has said that in California it could be up to \$8 billion. California is already nearly bankrupt. The Democratic Governor of Michigan has said he doesn't see how they can pay for this. The Governors of every State have said to us: Mr. Senator, Mr. Congressman, if you want to expand Medicaid, if you want to expand Medicaid, pay for it; pay for it in Washington, don't send it to us.

So we are looking forward to reading this bill. We are looking forward to

knowing what it costs. We have our proposals. I will be glad to spend some time on the floor with the assistant Democratic leader and talk with him about the Republican proposals to take us step by step toward reducing health care costs, first for you and your premiums and next for your government, and why we are skeptical of this 1,000-page bill. But we at least want to know what it costs. We at least want to know why it is cutting Medicare by half-trillion-dollar, and if it is being cut, why is grandma's Medicare cut being spent on some new program. We would like to know how much does it raise your taxes. We would like to be able to tell you what it is going to do to your State's education system and to your State taxes. We would like to be able to tell millions of Americans: Will this really raise your premiums instead of lowering them and will it really increase your Federal debt?

So we are grateful eight Democratic Senators have joined us in saying to the majority leader: Let's make sure this bill is finally a bill that will give us all the language before us, that it is on the Internet for 72 hours, and that we know exactly what the provisions cost—all of that before we have our first vote.

I thank the President, and I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Texas is recognized.

Mr. CORNYN. Mr. President, I wish to thank my colleague from Tennessee for speaking so eloquently and raising the issues that are on the minds not just of Senators who are going to have to vote on this legislation but our constituents all across America—people who will be directly affected by what we do here on health care reform.

Yesterday, I came to the floor and I asked the question: Will we have a transparent debate? This morning, when I got up and checked my e-mail, I was delighted to see that eight Democratic Senators have written to the majority leader, Senator REID, and said they wanted to have bill language posted on the Internet and a score or cost by the Congressional Budget Office at least 72 hours before we are required to vote on the bill. That is exactly what we had requested in the Finance Committee, which we lost strictly on a party-line vote, an amendment that would have made that part of the bill. So I consider that progress. I am delighted that these eight Democratic Senators have asked the majority leader for that. I think that is a minimum we should expect in terms of transparency.

Today, I have a new question, and that is whether seniors will get to keep the Medicare benefits they currently have. Will seniors be able to keep the Medicare benefits they currently have? The President has made this a consistent theme, that if you like what you have, you are going to be able to keep it. He said in August that if you

like your health care plan, you can keep your health care plan. It seems pretty straightforward and unambiguous.

Last month, he was more specific about one part of Medicare. He said:

People currently signed up for Medicare Advantage are going to have Medicare and the same level of benefits . . . These folks will be able to get Medicare just as good and provide the same benefits.

Some of these programs get a little confusing, but let me explain that Medicare Advantage is a private sector competitor to Medicare fee-for-service, where you just—it basically provides people with an array of coverages, and I think Senator ALEXANDER mentioned vision and dental care and prescription drug coverage and the like.

I believe allowing seniors to keep the benefits they currently have under Medicare Advantage—and there are some 11 million of them—is a goal Republicans share with the President. So if the President is sincere when he says that Medicare—and particularly Medicare Advantage—beneficiaries can keep what they have, we would like to help him keep that promise. Medicare Advantage is working for about 11 million seniors to give them a choice with their health benefits, and half a million of those are in Texas. Half a million Medicare Advantage beneficiaries are in Texas.

As we have heard, Medicare fee-for-service, which is the government-run plan, pays doctors about 20 percent less than employer-sponsored insurance for reimbursements for services. That is why in my State, about 42 percent of doctors will not see a new Medicare patient under a fee-for-service arrangement, because the fees are so low that the doctors can't provide the service at that price and still stay in business. So what happens is that 89 percent of seniors have supplemental coverage. My mother, who passed away this last spring, bought supplemental coverage to try to make up for the difference where Medicare fee-for-service left that gap. Of course, many low-income Americans depend on Medicare Advantage as their supplemental coverage.

Some have claimed that Medicare Advantage provides extra payments, and they want to cut Medicare Advantage because they say it will reduce insurance company profits and not harm coverage. But under Federal law, that is simply not the case. Under Federal law, the fact is that 75 percent of those payments to Medicare Advantage over and above what Medicare fee-for-service pays go directly to better benefits for seniors, under current law. That is why we hear they get vision coverage, dental coverage, prescription drug coverage; they get better benefits because we as a Congress say 75 percent of those so-called extra payments go to provide better benefits. Unfortunately, the Finance Committee bill will take those benefits away from seniors enrolled in Medicare Advantage. In other words, if we were to call up this Fi-

nance Committee bill today and to pass it, it would violate the President's promise, that the 11 million people on Medicare Advantage would not see a cut in their benefits.

There are various numbers floating around. That is why we need what Senator ALEXANDER said: the numbers from the Congressional Budget Office. But the Finance Committee proposal cuts nearly \$113 billion from the Medicare Advantage Program. Common sense tells us you can't do that without having a negative impact on Medicare Advantage for those 11 million seniors, 500,000 of them in Texas, as I said.

The Congressional Budget Office agrees with that sort of intuitive or commonsense conclusion. They estimate that the Finance Committee bill will cut benefits by more than half to Medicare Advantage seniors. During the Finance Committee markup, the Congressional Budget Office Director, Dr. Doug Elmendorf, told us that approximately half of the Medicare Advantage benefits will be cut for those seniors enrolled in Medicare Advantage.

So just as yesterday when my question was, will this debate be transparent, my question for today is, will seniors get to keep the Medicare benefits they currently have? I think that should be a focus. I know it will be a focus for the 11 million who are on Medicare Advantage. But for all seniors who are seeing a proposed cut of \$1/2 trillion in Medicare in order to pay for a new government program while Medicare itself is on the brink of bankruptcy and has tens of trillions of dollars of unfunded liabilities, this is a question a lot of my constituents in Texas and a lot of seniors across the country are asking: Will seniors get to keep the Medicare benefits they currently have? That is what the President promised. We need to make sure this bill keeps that promise.

In the coming days, I will come back to the floor and ask more questions about these extraordinarily complex proposals we have seen, including the bills that have come out of the HELP Committee, the Finance Committee, and out of the House of Representatives, because I think we need to break it down into smaller pieces and ask these discrete questions so the American people can judge for themselves whether these bills do what the President has promised.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Tennessee is recognized.

Mr. CORKER. Mr. President, do I have 10 minutes allocated?

The ACTING PRESIDENT pro tempore. There is 9 minutes remaining.

Mr. CORKER. It sounds as if I have 9 minutes.

The ACTING PRESIDENT pro tempore. That is correct.

Mr. CORKER. Thank you, Mr. President.

I also rise today to speak about the debate before the Congress right now, which is health care reform.

I believe we need health reform in this country and health insurance reform in this country. I would love to see us embark on a set of time-tested, budget-neutral principles. I absolutely believe we ought to address the issue of preexisting conditions. I absolutely believe we ought to look at exchanges where citizens all across this country have access to the same kinds of choices I have as a Senator. I hope we will address the issue of cross-state competition where people in States are not just stuck with the choices that exist because of the monopolies that occur within their State boundaries. So I would love to see some cross-state competition.

I absolutely believe we ought to have Tax Code changes. I think we ought to limit the amount of tax-free benefits individuals can receive from their employers. I will just throw out a number. If that number was established at \$17,000, for instance, about \$450 billion would be generated over a 10-year period that could be used as a voucher or refundable tax credit to enable 15 to 20 million Americans to be able to access private, affordable, quality insurance.

I think we ought to address tort reform. We know there is so much in the way of medical procedures that are done, in essence, for defensive medicine so that they are not sued or the victims of junk lawsuits.

I am one of those people who absolutely believes it is time in this country that we had certain health reforms and health insurance reform. I think now is the time to debate and put into place those sensible, time-tested reforms. My guess is, if we sat down in a bipartisan way, which I know is not occurring at this moment, we could go 50 yards down the field in a way to create access for Americans in our country that all of us want to see and, again, do so in a way that doesn't push off costs into future generations.

I have serious problems with what is being discussed in the Finance Committee today as far as how we are going to pay for the many reforms that go beyond what I just discussed. In many cases, it is very unnecessary. Let me go over a couple of those.

No. 1, I think most people are aware by now that the Senate Finance Committee mark is basically causing States to have an unfunded liability. The Governor of our State, who is on the other side of the aisle, just sent me a letter yesterday and told me he expects the revenues in the State of Tennessee to be at 2008 levels in the year 2013. In other words, there has been a tremendous decrease in revenues for State government. Yet per the mark before the Finance Committee today, they are pushing off on the citizens of our State a \$735 million unfunded liability. That doesn't sound like a lot of money in Washington, but I can assure you it is a lot of money for the State of Tennessee. As you can imagine, as the years go out that number increases tremendously.

It is my belief there are States all across this country that are going to be coming to us asking why we are pushing off an issue to the State. I think that is incredibly irresponsible. I think we need to ensure that does not occur.

I have to tell you, an issue I have an even greater problem with is the fact that we all know we have a \$40 trillion unfunded liability as it relates to Medicare. Two or three years ago, there was a broad consensus, on a bipartisan basis, that we needed to address the unfunded liability that threatens our country under the entitlement programs—mostly Medicare, which is \$40 trillion. This bill takes \$400 billion to \$500 billion from Medicare and uses it to create a whole new entitlement. Instead of doing those things that would strengthen Medicare, which the trustees have said is going to be insolvent in 2017—instead of doing that, which is the responsible thing for us to focus on today, this Finance Committee mark would take money from a program that is insolvent and use it to leverage a new entitlement program. I think that is the most irresponsible, shortsighted thing this Congress can do.

In addition to that, it doesn't even deal with the issue of the doc fix. We

all know physicians and providers who serve seniors today, to make the same money in 10 years they are making today, would cost \$285 billion. Instead of dealing with that issue, the can is being kicked down the road, and we are not dealing with that.

I think the American people respect—and I respect—the people who came before us who are called the “greatest generation.” Sometimes they are called the “greatest generation” because of their sacrifices and their military efforts overseas. Sometimes it is because they saved and made the tough choices that have helped make this country great. But I believe if this Congress acts to take money from Medicare, which is insolvent, and doesn't use those cost savings to make Medicare more solvent, we will be contributing to the fact—and there is no doubt in my mind that the political leadership that exists today in this country is undoubtedly the most selfish that this country has ever seen. We are witnessing that today. We are a part of that today.

It is my belief if we continue to throw future generations under the bus, which is what we are doing with legislation like is being proposed

today—we are throwing future generations under the bus to score a political victory that we all know is not paid for—the wrath of the American people is going to come upon us, and it should.

Mr. President, I have a letter from our Governor. I ask unanimous consent to have this letter printed in the RECORD. It talks about the costs this program will put on the State of Tennessee.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

STATE OF TENNESSEE,
Nashville, TN, October 5, 2009.
Hon. BOB CORKER,
U.S. Senate,
Washington, DC.
Hon. BART GORDON,
House of Representatives,
Washington, DC.

DEAR BOB AND BART: The following information is in response to my telephone conversation with Bob last week, and represents our best snapshot of where we are as of Sunday evening the 4th. I hardly need to tell you that these numbers represent a difficult problem for our state.

PROJECTED TENNESSEE NET NEW COSTS OF SENATE FINANCE REFORM 2014–2019

[\$ millions]

	Best estimate	Optimistic	Pessimistic
New Medicaid Members:			
Newly Eligible Members	\$175	434	175
Already Eligible Not Enrolled	911	488	1,361
Total New Membership	1,086	922	1,537
Cost Savings Offsets:			
Elimination of Optional Groups >133%	(78)	(78)	(78)
Additional Drug Rebates (net)	(191)	(191)	(191)
TN-CoverIN Elimination	(91)	(91)	(91)
TN-Access TN Savings	(31)	(31)	(31)
TN-CoverRx Savings	(6)	(6)	(6)
	(397)	(397)	(397)
Additional Costs:			
Mandated Pharmacy Extensions	30	30	30
Presumptive Eligibility Net Costs	16	16	16
	46	46	46
Total State Costs of Reform	735	571	1,186

We've maintained good lists of assumptions and sources behind each of these numbers, and if you or your staff would like to review them, we'll certainly make them available to you.

The “Best Estimate” column is neutral to possibly slightly optimistic; the line for “Elimination of ‘Optional’ Groups” in particular will be difficult, although it has been made clear to us that we are expected to do so. Some of these cuts would be unpleasant (e.g. complete transfer to the Exchange of women with breast or cervical cancer, or institutionalized patients) and will require the specific approval of CMS, which has historically been difficult. I want to acknowledge that the White House, and Nancy Ann DeParle in particular, have been very helpful in facilitating our getting the best information available.

I would also point out two areas that are potential problems that are not incorporated in the table:

1. *Broader Pharmacy Benefits (\$1.07 billion exposure).* The Baucus bill contains a provision that Exchange plans are required to have no lifetime or annual limits on “any benefits” and that the pharmacy benefit design be at least as good as Medicare Part D. We have (as do many states) a much more

limited pharmacy benefit than this for Medicaid and I can't imagine that there won't be pressure to extend the Exchange mandated benefit to Medicaid as well. It would cost the state about a billion dollars over the period to do this, and of course there are many sub-areas of restrictions and controls such as mandates in the areas of preferred drug lists, prior authorization criteria, quantity limits, or additional drug rebate limitations (all of which are present in Part D) that would drive costs up substantially as well.

The fear is that new requirements here would not occur as a single action to be tied up and discussed in the Congress, but quietly and state-by-state in the ongoing process of renewing waivers, approving state plans, and the like. It is right now the stated intention of Senate Finance to leave the Medicaid pharmacy benefit design alone; it would be of enormous relief to us to get that clearly written into the law.

2. *Provider Payment Rates (\$2.1 billion exposure).* Our analysis is based on an assumption that we will not be required as either a matter of law or practicality to increase provider rates to maintain an adequate provider network with the influx of new patients (and in the environment of federal cuts to Medicare rates). We currently pay on the average

at 85% of Medicare (the national average is 72%), but separately from reform have budgeted to reduce these to the equivalent of 79% of Medicare in the next fiscal year as the stimulus money runs out. The cost of increasing provider payments from 79% to 100% of Medicare is \$2.1 billion over the 5½ year period being considered. (Furthermore, in several states where provider payments have been recently reduced in response to budget needs, providers have filed suit in federal court seeking to prevent them, and in at least two states (California and Washington) have been successful. If this were to happen in Tennessee it would represent a further immediate unbudgeted cost of approximately \$113 million annually, or an additional \$1.2–1.4 billion over the ten year period.)

Bob and Bart, the problem that we're facing is simple: by 2013, we expect to have returned to our 2008 levels of revenue and will have already cut programs dramatically—over a billion dollars. At that point, we have to start digging out—we will have not given raises to state employees or teachers for five years, our pension plans will need shoring

up, our cash reserves (“rainy day fund”) will have been considerably depleted and in need of restoration, and we will not have made any substantial new investments for years. There will have been major cuts to areas such as Children’s Services that we really need to restore. On top of these, there are all the usual obligations that need to be met—Medicaid, for example, will continue to grow at rates in excess of the economy and our tax revenues. It’s going to take at least a full decade to dig our way out and back to where we were prior to the recession.

In this environment, for the Congress to also send along a mandatory bill for three

quarters of a billion dollars for the health reform they’ve designed is very difficult. These are hard dollars—we can’t borrow them—and make the management of our finances post-recession even more daunting than it already is. We keep a running budgetary estimate for my own use of what we project in the years ahead, and I’ve attached the current version of it to give you a sense of what we are facing.

I would point out that the problem is entirely recession-related. If our revenues had grown from the 2008 base at the normal average rates we have experienced over the years—good times and bad—we would have

well over \$2 billion of additional revenue in 2019 (and smaller obligations in the pension area) and would definitely be prepared to accommodate reform.

I very much want to support the President, and Lord knows that we have plenty of people in Tennessee who need help with health insurance. But this is an extraordinary time for us (and we are better off than many other states) and I will appreciate any way in which you can help us manage through this.

Warmest regards,

PHIL BREDESEN,
Governor.

Attachment.

State of Tennessee
10-Year Budget Projection as of 10/4/09
Cumulative Change from Base of 2008 in Millions - Increase / (Decrease)

Mr. CORKER. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BENNET). The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Ms. MIKULSKI. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

COMMERCE, JUSTICE, SCIENCE, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 2847, which the clerk will report.

The assistant bill clerk read as follows:

A bill (H.R. 2847) making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

Ms. MIKULSKI. Mr. President, I am very pleased to be joined today by my distinguished colleague from Alabama, Senator RICHARD SHELBY. We wish to present the Commerce-Justice appropriations bill to the Senate. What I wish to say to my colleagues is that as we do this, everyone should know this bill is a product of bipartisan cooperation. At times, when one views the Senate through the lens of the media, one would think that everything we do here is very prickly and very partisan. But that is not true, certainly of the Commerce-Justice-Science appropriations.

Senator SHELBY and I worked together on this bill. Yes, I do chair it, but it has been with maximum consultation with others on the other side of the aisle. It was the same way when Senator SHELBY chaired this committee.

We are pleased to present to the Senate the fiscal year 2010 bill to fund the Departments of Commerce and Justice and air science agencies. I thank Majority Leader REID and Minority Leader McCONNELL for allowing to us to bring the CJS bill to the floor.

The CJS bill is a product of cooperation between Senator SHELBY and me and our excellent staff. We have worked hand in hand. I thank Senators INOUYE and Ranking Member COCHRAN for their allocation.

We were able to write a very good bill, but the stringent budget environment required the subcommittee to make difficult decisions. The CJS bill totals \$64.9 billion in discretionary spending, consistent with the subcommittee's 302(b) allocation. So any amendments to the bill will need to be offset.

The purpose of the CJS bill is to fund the Department of Commerce and its bureaus and administration. Many people do not know what the Department of Commerce truly does. It is an array of complex agencies that is important to our economy: The Bureau of Industry and Security gives licenses for exports; the Economic Development Administration creates economic growth in our communities, particularly midsized to small towns; the Census Bureau, preparing now, somewhat unevenly, for the 2010 census; the Patent and Trade Office which protects our intellectual property; along with the International Trade Administration which enforces our trade laws.

We are particularly proud of the Commerce Department, of the National Institutes for Standards and Technology. It sets the standards for technology which allows our country and our companies to be able to compete in the global marketplace.

This subcommittee also funds the Department of Justice which keeps us safe from violent crime and terrorism. It prosecutes criminals of all kind—white collar, blue collar or no collar. It also has a vigorous approach to the despicable practice of being a sexual predator.

This subcommittee through the Department of Justice funds our State and local police departments which are so important as well from not only the enforcement end but the prosecution end through the U.S. Attorney's Office.

NASA is also funded through this subcommittee. It explores our planets and our universe and inspires our Nation and next generation to be scientists and engineers.

We also fund the National Oceanic and Atmospheric Administration, protecting our marine resources and the jobs that depend on them.

It also protects our weather to save lives. Many people don't realize that the wonderful weather reports they get in their communities comes because of the NOAA weather administration. They think it comes from the Weather Channel. We all love the Weather Channel, but the Weather Channel depends on NOAA.

The National Science Foundation is also funded, providing basic research at our universities to advance science and support teacher training and development.

We also fund several independent commissions and agencies, including the Commission on Civil Rights, the EEOC, the Legal Services Commission, the International Trade Commission, and the U.S. Trade Representative.

Senator SHELBY's and my No. 1 priority is making sure that 300 million Americans who work hard and play by the rules are safe from terrorism and violent crime. We also want to protect jobs in our country. So we are the basic investors in innovation through education and through promoting an innovation-friendly government, making strategic investments in research and

education in science and technology, keeping America No. 1 in science and also No. 1 in the space exploration program.

We want to create jobs in America that will stay in America. However, we, too, are fiscal stewards of the public purse and, therefore, accountability has been a hallmark of our bipartisan relationship. We do stand sentry against waste, fraud, and abuse with strong fiscal accountability and stewardship of hard-earned taxpayers' dollars.

I wish to take a few minutes to talk about keeping America safe. The CJS bill provides \$27.4 billion for the Justice Department. We actually went above the President's request by \$300 million because we wanted to make an extra effort to protect our homeland and protect our hometowns.

This bill is one of the most important sources of Federal funds for State and local law enforcement, for our frontline men and women of our State and local police forces. It is the cops on the beat who protect our families and at the same time they are asked to do more.

We are providing \$3.2 billion to support that thin blue line to make sure the police are safe with equipment they need, such as bulletproof vests and also new technologies.

"CSI" is not only a great TV show, but we think CSI should be funded in the Federal budget to use the best of science to catch the worst of the criminals.

We also fund Byrne formula grants, and this bill will provide \$510 million for State and local police operations to do their job.

We are funding important programs in juvenile justice, which are very key programs of intervention and mentoring, but also very strong programs for antigang efforts—\$407 million.

We also want to prevent, protect, and prosecute when it comes to violence against women, whether it is domestic violence, sexual assault, rape, or stalking—over \$435 million—the highest level of funding ever.

We also have very important Federal law enforcement. All of us know and love the FBI. This bill will provide \$7.9 billion to keep us safe from violent crime and also white collar crime, investigating financial and mortgage fraud.

I want to acknowledge the role of Senator SHELBY, who is an authorizer on the Banking Committee and a member of this Appropriations Committee. He has taken on the issue of mortgage fraud and wanted it to be thoroughly investigated. We have done that through the FBI.

Many people don't realize, though, that after 9/11, when everyone was clamoring for something like the MI-5, such as the British have, we said: Three cheers for the British way, but we want a USA way, so we created an agency within an agency where the FBI is part of our most significant fight against terrorism.